

APPLICATION DATA SHEET

Electronic Version v1.4

Stylesheet Version v1.4.0

Title of Invention	MEDICAL DEVICES AND PROCESSES FOR PREPARING SAME
Application Type: regular, utility Attorney Docket Number: S63.2-10856-US01	
Correspondence address: Customer Number: 490 *490*	
Inventors Information: Inventor 1: Applicant Authority Type: Inventor Citizenship: NL Given Name: Jan Family Name: Weber City of Residence: Maple Grove State of Residence: MN Country of Residence: US Address-1 of Mailing Address: 18122 89th Place North Address-2 of Mailing Address: City of Mailing Address: Maple Grove State of Mailing Address: Postal Code of Mailing Address: 55311 Country of Mailing Address: US Phone: Fax: E-mail:	

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Scott
Family Name: Schewe
City of Residence: Eden Prairie
State of Residence: MN
Country of Residence: US
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State of Mailing Address: MN
Postal Code of Mailing Address: 55346
Country of Mailing Address: US
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Inventor 3:

Applicant Authority Type: Inventor
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Given Name: Robert
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Attorney Information:

Name	Registration Number
Mr. Walter J. Steinkraus	29592

Assignee 1:

Organization Name: Scimed Life Systems, Inc.
Address-1 of Mailing Address: One Scimed Place
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City of Mailing Address: Maple Grove
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Country of Mailing Address: US
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